COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

IN RE: HOME HEALTH TECHNICAL ADVISORY COUNCIL

SPECIAL-CALLED MEETING

June 9, 2020
11:00 A.M.
(All participants present via Zoom)

APPEARANCES

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CHAIR

Annlyn Purdon
Susan Stewart
TAC MEMBERS

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Kathleen Ryan
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JoAnn Rose
AETNA BETTER HEALTH

Henry Spalding
PASSPORT HEALTH PLAN

AGENDA

1. MCO Supplies Limits - Agencies still do not have clear guidance on how to get a PA for supplies because quantity limits are unknown.

2. Telehealth/Remote Monitoring - We would like to encourage DMS to fund Remote monitoring and continue reimbursing for Telehealth for both Home Health and Waiver services moving forward (with appropriate limitations - i.e. if a patient refuses visits but still needs to be contacted to ensure their condition does not worsen.)

3. NP/PA Orders - We would like to continue to allow non-physicians to order home health.

4. COVID Transition - agencies are requesting guidance from DMS and OIG for a transition from COVID/PHE to "normal" operations and what guidelines agencies will need to follow as they move away from essential services being provided to all programs (Medicare, Medicaid, Medicaid Waiver).

5. Communication with patients/recipients - agencies would like to confirm that any important communication coming from DMS (e.g. EVV) is communicated directly to patients and confirming that while agencies will discuss and prepare their patients and clients for all changes, they do not have the responsibility of communicating DMS policy/program changes.

Adjournment

(INTRODUCTIONS)

MS. DYER: The first thing on the agenda - I don't know if all of you have your agendas in front of you or not - but the agenda that Evan sent out to Sharley for us is what we're going to go by. We have to go by this agenda, right, Sharley?

MS. HUGHES: Yes.

MS. DYER: We can't go offline. The first thing is the MCO supplies limits, and the concern is agencies still do not have clear guidance on how to get a PA for supplies because quantity limits are unknown.

MS. HUGHES: Now, we sent out the list for everybody other than WellCare.

MS. STEWART: It was still blatant with blank holes, Sharley.

MS. HUGHES: Okay. I don't know what else to do. We sent it back to them two or three times, and the last time you all came up with the list, Stephanie and Angie, you all came up - not them - but Susan sent the list in - we sent it to each of the MCOs and told them to fill it out and that's the information we got back.

MS. STEWART: They either wrote

no limit but I'm working on getting some examples of denials, where it was denied for limits to compare it to the list that they gave us that had no limit. You know, this has been an issue going on for about two years now. I just don't think they want to share that information personally.

MS. HUGHES: Well, and some of it they could consider as being proprietary. I mean, that's what WellCare has said.

MS. STEWART: Then, maybe we need to make a recommendation to the MAC that in order to play on this playground, they've got to share that information because we're shooting in the dark.

MS. BATES: Sorry, guys. I have no idea what you all are talking about because I got a phone call. I'm really sorry. What's going on?

MS. HUGHES: Stephanie, we've been the last several meetings talking about the Home Health TAC wants a list of all the home health codes and whether it requires a PA, quantity limits and so forth.

We sent out one list that the MCOs provided us and Home Health said it was not

sufficient and it was not accurate. So, Susan provided a list of all the codes and the MCOs all sent it to us. I thought it looked like all of the fields were pretty complete other than WellCare chose not to send it out - said it was proprietary.

And, so, now they're saying it's not sufficient information. They still don't know whether they have quantity limits and so forth.

MS. BATES: Do I have the document?

MS. HUGHES: You should have it, yes. I can go back and send them to you. I'm trying to pull up things on two different computers.

MS. BATES: No, you're fine. You're fine. Let me look at it. Honestly, I haven't - now, it may be in my inbox but I promise you I haven't looked at it. Okay?

MS. DYER: Can I say something in here, Stephanie, to help you since you're kind of new probably it sounds like to hearing this? Susan, will you explain why this is an issue?

MS. STEWART: Stephanie, so, basically, I mean, I'll make an example and I don't know if this is a correct one or not but we'll use 4x4's. A box of 4x4's comes in fifty. One MCO's

billing units might be forty, one might be thirty-two, one might be forty-six, and we don't know what that magical number is by MCO because they won't tell us.

So, when you bill in, if the billing quantity is thirty-three and you bill in thirty-four, then, the entire line item gets denied and you don't know how to rebill it to get it paid because you don't know what the billing quantity is. That's the issue in a nutshell.

MS. BATES: Okay. Well, let Sharley send me the list. You all make whatever recommendations you need. Okay? Do that. That's independent of what I'm doing, but let me look at what was sent and tossed around there. I don't know what would be proprietary on their part.

So, let me just look because right now I can't speak to it but I will look at it this week.

MS. STEWART: The feedback we got back is that the line was either blank or said no billing requirements, but reality is is that there is a billing requirement because we get denials that indicate that there is a billing requirement.

MS. BATES: Right. And, so, if you have that document and it says - right today, if you have that document and it says no billing requirement and you have denials for that because of a billing requirement, we can take that and take care of it now - do you know what I'm saying - and that will be a good way to call them out on that part of it, but, still, I mean, authorization requirements have to be given to providers. You have to know what you have asked for, right? And, so, that's what I'm confused about. They shouldn't make it that confusing.

MS. STEWART: It was more about billing quantities than prior auths. My issue is more about billing quantities than prior authorizations.

MS. BATES: Okay. Okay.

MS. DYER: And I do have to say just to speak back to what Stephanie is saying, you have to have that prior auth or you should have it before you ever bill Medicaid, right, Stephanie?

I think that might be where you're speaking from, and we do have MCOs that say no prior auth is needed and that contributes to this issue, too. If no prior auth is needed and it's

proprietary and they won't release it, then, you couldn't possibly know what their quantities were and where the cutoff would be to bill. So, it gets pretty convoluted and complicated without all the knowledge.

MS. BATES: I'm impressed with counting 4x4's.

MS. STEWART: Oh, you have no idea.

MS. BATES: That's hard to do. Back in my day, I'm like just grabbing a bunch of them.

MS. STEWART: Exactly, and I'm pretty sure one of the billing quantities for a box of 4x4's, like I said, they come in a box of fifty but the billing units is forty-eight. What are you supposed to do with the other two 4x4's?

MS. BATES: Right. Well, I don't know. Clean up something.

MS. DYER: There's the issue.

MS. BATES: Right. Okay. We'll look at it.

MS. DYER: Thank you. So, just to clarify, Susan, are you okay with Stephanie looking at it before we make a recommendation to the

MAC?

MS. STEWART: I'm willing to give it to our next meeting. After that, I think we have to move forward because we're getting ready to get a whole new set of MCOs. So, I would rather figure this out on the front end with them as to have to try to wait a year from now to try to analyze every denial so that we could figure out what their billing quantities are.

MS. BATES: And if you want to go ahead and make the recommendation, and I'm perfectly okay with having me solve the recommendation before you even get there.

MS. STEWART: That would be great.

MS. BATES: That's a check in my corner. Seriously, though, if you need to make the recommendation, go ahead and do it. That does not bother me at all but I will still do the work to try to figure it out. I don't want you all to have to wait two months or anything like that to make a recommendation if that's what the committee wants to do.

MS. STEWART: Then, I'm fine with making that recommendation that the MAC ask all

the MCOs to provide their billing quantities, current MCOs and future MCOs, so that we have that information more easily available. And somebody can word that a lot better than I just did but that's the gist of it.

MS. BATES: And I would recommend just from my perspective that when you do word it that you say when active, the future MCOs, because they're not going to have that list right today because that will freak them out. They'll be like I don't even know. We don't even know what we're doing.

MS. STEWART: Well, I mean, as a player in the state with some of these new MCOs, they're not foreign to us. So, we would like to nip some of their historical bad behavior at first.

MS. DYER: So, how do we proceed? Susan, you're on the MAC. How do we proceed with making that recommendation?

MS. HUGHES: You would need to go ahead and make the recommendation and vote on it today.

MS. DYER: Okay. So, the recommendation that I'm hearing made by Susan Stewart to the Home Health TAC is that the Medicaid

MCOs release to all providers a list of their approved supplies with amounts. Do I need to modify that any or is that what you----

MS. STEWART: Billing units.

MS. BATES: Quantity limits. Would you say quantity limits maybe? That's what we call them is quantity limits for whatever products that you're saying, but we in Medicaid call them quantity limits.

MS. DYER: Evan, I hope you're writing this down.

MS. STEWART: I am not.

MS. DYER: Evan. Maybe Evan can write it down for us since he's not a member of the TAC.

MR. REINHARDT: Yes, I'll write it down.

MS. STEWART: He can be our wordsmith.

MS. DYER: He's good at that. So, Evan, you're not a member of the TAC but can I ask Evan to read back what our recommendation is so that we can vote on it?

MS. HUGHES: Sure.

MR. REINHARDT: It's quantity

limits, Stephanie? It's not billing limits. It's just quantity limits is the term that we use?

MS. BATES: Well, I would say quantity limits because they're going to use that limit to be the cutoff to not pay you after that certain amount; but what will happen is if you make the recommendation and it goes through, we will respond and we'll know what to ask for from them because ultimately we will be telling the MCOs to get the list together anyway.

MS. PURDON: Not to throw a wrench in it but isn't it also - like, they might authorize one thing, like, for thirty days or however long they're authorizing and, then, will change and say but we can only bill so many of those per day.

MS. DYER: So, the list not only includes the quantity limits but it needs to include in the quantity limits when that limit expires or what it's good for, if it's good for twenty-four hours or one day or one week or for a thirty-day month.

MS. STEWART: Correct. The issue we ran into with PleurX drains was the limit for one of them was ten. We billed twenty, got

denied; but if we had billed the ten per day, we would have gotten paid. I mean, it's craziness like that, Stephanie.

MS. DYER: So, we do have to put that duration in there, duration of time or a time limit that the quantity limit ties to - Evan is working hard at making that make sense - because it does tie to billing. I mean, that's this whole thing is it ties to billing.

I think just to insert here, it doesn't need to say it in the recommendation to the MAC, but one of the issues is we don't even know what to advocate for when we don't know what these limits are.

So, to further help you understand, Stephanie, because this has been worked on for way more than a year and Sharley has done everything but stand on her head to get them.

MS. BATES: Okay. Well, I'll work on it for you. Hopefully we can figure something out.

MS. DYER: We appreciate that. Okay. Evan, can you read that for us?

MR. REINHARDT: All current and future, when active, MCOs shall provide quantity

limits and the duration of those limits for providers to bill for supplies.

MS. DYER: Is that what you want to say, Susan and Annlyn?

MS. STEWART: That sounds good to me.

MS. DYER: So, then, the three of us need to vote on that. Those for this proposal going on to the MAC. Susan is saying yes. Annlyn?

MS. PURDON: Yes.

MS. DYER: And I vote yes. So, that carries to proceed to sending that recommendation or request - I guess it's a recommendation to the MAC for clarification.

Number 2: Telehealth/Remote Monitoring. We would like to encourage DMS to fund remote monitoring and continue reimbursing for telehealth for both home health and waiver services.

And by default, home health would also include EPSDT Special Services because home health agencies have to provide some skilled home health in order to do EPSDT Services, so, to clarify what home health right there we're talking about - and waiver services moving forward.

And, then, as a little adjunct

to clarify, with appropriate limitations, for instance, if a patient refuses visits but still needs to be contacted to ensure their condition does not worsen.

And we have been able to do those type of telehealth or telephonic visits for some skilled and waiver, and I think Pam is on the call.

I sent an email last week because we had some issues come up here at this agency to clarify how long we could do those telephonic and telehealth calls, and the response I got back on Home- and Community-Based Waiver was until the end or at the point when there is no longer an emergency declared in Kentucky.

But I think Evan has shared with us that he thinks in Appendix K, that it states that we can do those telehealth or telephonic visits in Home- and Community-Based Waiver until March 31st of 2021.

So, here we are still in this and going in and out of it and actually the cases on the rise. So, we know that in-person visits are the best, always the best where some need to continue it, some need to begin it because we have patients

that are basically getting no services at all if some of us have not started telehealth. An example would be EPSDT Special Services. Not everybody is going to qualify to benefit from that.

So, we certainly want to be totally on the up and up about making those visits, and we know some skilled visits could not be made, wound care or any kind of intervention.

I think we're encouraging and we need clarification on the times, how long we can do those, telehealth and telephonic visits.

Evan, can you help us out? I know you had a call with Commissioner Lee. And I don't know. Stephanie and Pam and Sharley, I don't know who all that's in this Home Health TAC meeting was on that call on Friday.

MR. REINHARDT: I think Pam was on the call. So, we had a good discussion about telehealth in particular, and it sounds like DMS is very interested in moving forward with figuring out how to take what's working well in the current environment and use that as the opportunity to make some changes in moving forward.

I think Pam had a few questions specifically about how agencies are using

EPSDT Special Services in telehealth. So, that's one piece that there needs more information gathered from providers on.

The bigger picture, Appendix K will be effect for a year.

MS. SMITH: Evan, we did an end date of 3/5. It's a year. So, it can be up to that max, but it is subject to whenever the state of emergency is lifted. And we'll give advanced notice to providers, but it does not necessarily mean that it will stay in effect that entire time. That is the max duration that that specific version of Appendix K can stay in effect.

MR. REINHARDT: Right. And I think that's the question in our minds is, is there some indication from the Cabinet level or the Governor's Office that the emergency is going to be rescinded anytime soon. I mean, I think that's really where we need to understand the framework. It doesn't seem like that but we also haven't heard it officially. So, we just want to confirm that.

MS. GUICE: So, just to let me jump in here. The state of emergency that everybody talks about in all their waivers and all of the emergency discussion is not the state's emergency

but it is the federal government's national emergency or was issued by the Secretary of Health and Human Services.

So, today, it is set to expire on July 25th, and I have been unable to - and I don't know if anybody else has - but I have been unable to unearth any information about when or how that may or may not be extended.

MS. DYER: But for all Medicaid, other than the Medicaid programs, Lee, you're saying that the use of telehealth would expire unless something else changes on July 25th.

MS. GUICE: The use of telehealth will expire----

MS. DYER: Lee, I couldn't understand you.

MS. GUICE: I do that all the time. I talk to the screen and the microphone is in my computer.

Kentucky has wide-open use of (inaudible) under what was previously considered normal circumstances. So, I think that the use of telehealth has skyrocketed during the COVID-19 emergency.

Our regulation went into

effect for telehealth in 2019. So, I would spend some time to look at what was authorized in that regulation versus what's going on today. What is going on today is a little bit more flexibility in the use of telehealth like calling, just to call and say hi, how are you doing.

Those things were probably not authorized by the regulation of 2019, but we literally have not had the opportunity to sit down and sift through everything that has been authorized during the emergency and what we might want it to look like ongoing.

We're clear in Medicaid that the use of telehealth has been a lifesaver in many cases and we certainly have no plans to regulate that authority away if possible. Is that good enough of a caveat?

MR. REINHARDT: Just one important point for home health purposes and all the services underneath of the home health umbrella, that telehealth regulation did not authorize services to be paid for in home health.

So, we only get the advantage of telehealth through the pandemic waivers. That's just one wrinkle there which is why we're kind of

asking for clarification on if and when the emergency status might be rescinded by the Secretary.

MS. GUICE: Right, and I think that's fair Evan. I'm sorry. I believe that it's because the name of your agency is home health.

And, so, when we first wrote that regulation, the understanding was that all the services that home health agencies provide are in the home.

That is one area, though. I just gave you a spiel about how we feel about telehealth in Medicaid right now and how we would like to maintain as much as possible going forward.

I can't directly speak to home health, but we're going to be looking at it and we're going to try to do whatever we can to be as flexible as possible after the emergency.

MS. BATES: And I echo what Lee is saying. This is Stephanie. I think just like working from home, telehealth has gone a lot better than we thought it would go and it's been a really good thing.

And, so, I think that we have committed internally to looking to what has happened

over the last several months and seeing what we need to do to change what we thought was a very comprehensive and very open telehealth regulation to begin with and just take some other things into consideration that we, quite frankly, just didn't really feel comfortable with before.

MS. STEWART: I have a question. In this - and we haven't utilized that telehealth during the pandemic. We've really made strides to make our visits.

But I do think that during this time, this is an opportunity for us to consider remote patient monitoring as an add-on to what we do because, you know, if we could not have made all those visits, if we would have been able to monitor their blood pressure, their weight and things of that nature, it could have helped patients possibly when they were afraid to go somewhere that would have been eyes and ears in the home that would have given them a sense that someone was still monitoring them.

And it might not have to be for a home health patient. It could just be for someone who just needs some monitoring that can't get to their physician.

MS. BATES: Like we said, you all do a great job and I don't think that we have ever discounted the positive impact on remote patient monitoring; but when making those decisions back last year, we also have to consider budget and opening things up that cost a lot of money.

And I think that was one that we were like, okay, well, let's see how the big opening of telehealth goes first and, then, we'll look at that later, but it was more because we're given a pot of money and we can't go outside of that.

And, so, that's kind of a consideration when we're making those decisions, especially to open it as wide as we did last year.

So, yes, we understand the benefits of remote patient monitoring and we'll also look at that going forward.

MS. STEWART: Thank you.

MS. DYER: So, right now, just so we all understand, according to you, Pam, in Home- and Community-Based Waiver, unless the state of emergency is rescinded by the State of Kentucky or the federal government because we got the State of Kentucky for waiver.

MS. SMITH: What I can tell you is that we will give you advanced notice when it is going to go back to normal. No, I don't know what that is going to look like.

MS. DYER: And none of us do. I get that. It's just that I'm hearing conflicting things, so, just to try to get it as to what we're saying here.

So, you're really not saying it's the federal emergency or the state of emergency being rescinded but you will communicate with us prior to that happening, then. That's where we are. Is that what you're saying?

MS. SMITH: Yes, that's what I'm saying.

MS. STEWART: Pam, can you give us a little bit more clarification when you threw out that July 25th date? What is that exactly?

MS. SMITH: That was when Lee clarified that the federal state of emergency right now, that's the end date of that.

MS. GUICE: Right. I'm sorry. I got to jump back on. I was on a phone call with CMS the other day and they clarified to us that the Secretary's - not our Secretary----

MS. SMITH: The big Secretary.

MS. GUICE: The national health emergency is set to expire on July 25th. That's all I can tell you. That's when it expires. I have no idea when or how or if, what kind of notice or anything.

Now, when it expires, that doesn't mean that it turns off like that day. We'll have a few minutes - and I mean a few minutes - to kind of re-establish regular processes. So, you might not have to stop servicing on July 25th. It might be the 27th, and I'm not sure. It just all depends on what happens, but we need to kind of keep our eye on that date, and we don't have any control of it.

MS. HUGHES: I know for all the emergency SPAs that we have submitted, it has been the federal. It's not the state's state of emergency. It's the federal state of emergency is when they end.

MS. DYER: So, Pam, you might want to communicate that to April because----

MS. SMITH: Well, Appendix K is a little bit different than a SPA. So, the SPA is the State Plan Amendments. So, that covers all of

the home health and fee-for-service services. Appendix K is specific to the 1915(c)waiver. So, it is a little bit different.

MS. DYER: But today you are saying that, just to be clear, you're saying that you will just notify us in Home- and Community-Based Waiver when we can no longer use telehealth or telephonic.

MS. SMITH: Yes.

MS. DYER: Okay. All right. April was great. She responded immediately. She thought it was the Kentucky state of emergency. I got that by email.

MS. SMITH: And in Appendix K, when you read Appendix K, that's when everything started for Appendix K was the date of the Kentucky state of emergency. That was the start date for Appendix K and that is what Appendix K says, but the federal state of emergency is what allows all of that to be enacted. That's what allows Appendix K to become available. That's what allows all of these other things that have happened to happen.

MS. DYER: Okay. Well, we just needed clarification for that. So, I think we're clear. Annlyn, Susan, I'm going to ask Evan, is

everybody clear now on that? I am now because I wasn't before. We just wanted to clarify that.

And I'm glad you all are looking at that going forward past the expiration. And, Stephanie, I think those words that it has worked better than we could imagine, and we have found that in the telephonic case management in Home- and Community-Based Waiver and when our staff was able to go there and really welfare checks on people without having to go in and use PPE, those kinds of things, unless they needed to go inside.

I mean, we've all had to be creative to try to keep people safe and well as we could, and I know everybody here has done that, and we just need to expand it to some other folks that will only allow - we've been doing a survey here just to give you an example of EPSDT Special Services - our census which is about two sixty, and we have so far about a third of them that are really for telehealth.

So, that would be a third that's getting services that haven't gotten services since early March. So, thank you all for considering it. And I'm just speaking my example. I'm sure that others have examples, too, but,

anyway, I don't think mine is unique. I think it's just more of what we need. So, thank you all.

Are we ready to move on from that, then? Any other comments, questions, clarification needed? Thank you all.

So, Number 3: Nurse practitioner/physician assistants which would be NPPs, non-physician providers really, orders. We are advocating to continue to allow non-physicians to order home health into or past the declared emergency. I think that's passed on a federal level, but the State of Kentucky, there are some things that have to come into play before that can be allowed should the state of emergency be rescinded.

Evan, can you help us out with clarifying a little more of that?

MR. REINHARDT: Sure. And this was part of the discussion we had on Friday. Changes made at the federal level were initially sort of temporary during the emergency, but, then, effective by a statute made permanent.

So, at this stage, the CMS rules allow these non-physician practitioners to order home health and step into the shoes of a

physician.

So, we had a good discussion about this on Friday. It seems like that similar to the telehealth and maybe even a little bit more so for this particular issue that DMS is very interested in seeing if we can find a way to keep this around.

And the consistency was brought up on Friday which is an excellent point that the comment was that a nurse practitioner can order waiver services, if I'm not mistaken. So, just to be consistent across the board to allow (inaudible) services in home health and, then, also on the waiver side.

So, that's really the gist of the discussion and it sounds like we're on the same page with this one. I think our next steps will be to sort of put together what changes will have to take place in the rules because it's mentioned several times in our rules that a physician has to order and sign the plan of care and that kind of thing.

So, we'll make some suggestions about how to change the rules in order to keep this around permanently and hopefully we can

find a way to do that in pretty short order.

MS. DYER: Okay. Any other comments, discussion or questions about that?

Okay. We'll move on to Number 4. And, again, I'm probably going to call on Evan to help us out with that because that probably came from multiple agencies.

COVID transition. Agencies are requesting guidance from DMS and OIG for a transition from COVID/PHE to normal operations and what guidelines agencies will need to follow as they move away from essential services being provided to all programs (Medicare, Medicaid, Medicaid Waiver).

MR. REINHARDT: Again, each agency has got to make decisions about what care it provides for their individual patients in order to keep their condition stable, but, more broadly, I know I had conversations with the OIG and exchanged emails with DMS just about what it meant to go to essential services.

And now that we've been kind of stabilized to where we are, are there circumstances where we might need to do beyond just the essential services.

I certainly don't think that

any agency is advocating for us to go back to what we might call a normal operation because we want to have all the protections in place and be very sensitive to curbing the spread of the virus.

But now that we are a little bit more stabilized, the state is beginning to open up, whether we continue in that direction or not, I think agencies just wanted to make sure that if there is a standard or an expectation from DMS or the OIG that it be consistent across DMS and the OIG, they just wanted to understand exactly what their charge would be in terms of, okay, we want to continue to avoid in-person services if we can, or if those services continue to be needed in order to meet the status of the patient, that an agency won't be penalized because they're continuing to provide that service.

So, there weren't a lot of examples of anyone sort of going beyond what they should have been doing, but there was an occasional comment from staff that might have were sent to OIG that maybe the agency was operating as if COVID wasn't present.

So, we just want to avoid that and make sure we're all on the same page.

MS. DYER: Thank you, Evan. Any comments or questions about that? Annlyn, Susan or anybody from DMS? OIG, I don't know that the OIG is here today. Stephanie, do you have any words of wisdom? She may have had to jump off. It looks like she had to jump off.

MR. REINHARDT: And maybe the ask here is if he hasn't been a thought to give some guidance or think through this, maybe that's our ask is if there is anything that DMS wants to put together, please pass it along and we'd be happy to distribute it to members.

MS. GUICE: For things about opening and increasing services on any level, I would say that we have been following the lead from Public Health and the Governor's Office.

So, I do not believe that Medicaid by itself, it's not been my understanding that we release any sort of guidelines separately from Public Health and the Governor's Office because Public Health, they're the experts on what can be provided and what can be provided safely.

MS. SMITH: And I think that's a good point, Lee. I agree. We, in particular, too, have had those conversations and have told

providers that when they've asked.

MS. DYER: I think that it stem from there was DMS-specific guidance because some of the guidance from the Department for Public Health, of which we're under here at Medco, but the guidance as specific to the clinic when it comes down, I think we've all tried to interpret that and apply it to our agencies and the Governor's Office as well, but there was DMS guidance at first.

And I believe that - and Evan, Susan and Annlyn, please speak up - but I think what we're asking here for is clarification specific about visits that would not be very - we just need some clarification I believe is what Evan is saying.

So, there was communication, at first very good communication from waiver and DMS. So, I believe that that might relate here.

MS. SMITH: I think just because we were the mouth that the communication came from, we are working with Public Health. So, we are not making those decisions.

MS. DYER: I don't think anyone thinks you are, Pam or Lee, either one. It's just that when it comes to you all and the guidance that's out there from you guys, it really does feel

people make better decisions because you are understanding specifically what's in those programs when the overriding, general, larger advice is coming out. So, it's valued. That's what we want you to hear, that it's very much valued and helps greatly when we get communications from you all. We don't think you're making it up aside from Public Health or the Governor's Office. We really don't.

MS. GUICE: So, we appreciate those kind words, right, Pam? If you have any specific question, you could probably send it, but we will likely only turn around, then, and send it to Public Health.

So, I would cut out the middle person and go ahead and ask your clarification questions to Public Health. That's just my thought on the process. I like to go to the person who I think I can get the answer from.

MS. STEWART: I think Billie's point is, those that aren't part of the Public Health, under that umbrella----

MS. GUICE: I don't think it matters whether you're under an umbrella about it or not. The Department of Public Health has taken the - the Governor certainly is in control during a

state of emergency, but Dr. Stack and the Department of Public Health are making the decisions about the clinical side and what's appropriate during the emergency. So, that's what I'm talking about, not your local health department or whether you're affiliated with the centralized Public Health, but I would go to the COVID-19 page and find out who to call or send an email to to ask that question for clarification.

MS. DYER: And I understand that and I'm sure people have done that. I think what we're advocating for here is communication like we had in the beginning from DMS and/or the OIG or whoever.

It's not to discount that we are all not able to contact Public Health individually for individual questions, but that communication seriously that you all sent out - and I know that takes a lot of work and we're all busy - but, then, everybody has the guidance, Lee. That's where we're coming from.

`It's good guidance. It was excellent guidance. I just think that people feel like - and, Evan, help me out if I'm wrong - but what we're saying here is overall generally, we're

hearing that more of that type of guidance may be needed or communication at least from DMS. Does that make sense? It's valuable. It's valuable to hear from you all as a Cabinet, a Department, however. I'm probably saying that all wrong.

MS. STEWART: And I'm going to take that a step further. It's reinforcement to us that most of the guidance that has been put out has been put out very globally and we've had to adapt it to our world. And if I hadn't been attached to the hospital, I might have struggled a whole lot, but I was and I was able to go there to get some guidance.

But I guess we want our little niche of - niche is not the right word - but, hey, home health, this is your part of this puzzle.

MS. GUICE: So, send some written questions, but please be prepared that the answer might be ask the Department of Public Health. Okay?

MS. DYER: So, are we saying here, then, is the answer that you all are giving us is that there's not going to be any further communication like you did in the beginning? Is that what we're hearing?

MS. GUICE: If there is

something to communicate, certainly we will communicate it. Right, Pam?

MS. SMITH: Right. And I was going to say, with waiver, when we know and start getting - you know, when we get the idea that we're looking at going back to the new normal or to the services ending, we will have those like we did before, kind of those webinars that we did that everybody could get on and ask questions, but just kind of to Lee's point, we're right now working with a team with OIG and Public Health because waiver is its own little animal that nobody really understands.

And, so, we're working very closely with Public Health because sometimes you're right, and I can understand, the guidance that came out, it doesn't always make sense in the waiver around what things are you struggling with, how do I apply that to the waiver and things.

So, we will still have that communication, but to Lee's point, know that if you send in questions, it may be that we don't have the answer right now and they may need to go to Public Health.

MS. DYER: We understand that

and that is a very good point. I couldn't tell you right now because I don't have it in front of me who that initial DMS guidance came from - maybe totally from Commissioner Lee, Stephanie Bates. I don't remember. Do any of you all remember who that was from for DMS, the guidance that came, the letters that came?

MS. HUGHES: You all are probably talking maybe about the Q&A. I think we sent some memos out.

MS. DYER: Yeah. Those were extremely helpful and, then, everybody is not on their own page sending the same questions. We're just asking for communication, general communication about what the expectation is to restart and those kinds of things.

Even in the public home health sector that people have struggled with most, what are they expecting us to do because people just want to do what you all expect, too.

MS. GUICE: Right now, we believe that we're just in kind of a holding pattern. Other things have been opening up. Whenever anything comes up that affects Medicaid or any Medicaid provider or Medicaid member or get any

questions, the FAQ's that were posted on the website will be updated. There's just not anything new to put out there right now.

MS. DYER: I'll have to tell you. I wasn't aware of FAQ's on your website. Maybe everybody else on this Zoom call was but I wasn't even aware that was posted.

MR. REINHARDT: No. It's that document, Billie, that has the - it's like the four or five pages of guidance.

I think the easiest example is early on in the Governor's remarks, he made some reference to physical therapy and how those offices should be shut down and they shouldn't be providing services.

And, so, then, that led to questions from our group about whether home health agencies should continue to provide therapy services and what they should do.

So, that's just where the confusion comes in a little bit. So, we're happy to pass the message along and work through you guys; and, then, if you need to defer to the Department of Public Health, that's fine, too.

It's just I think that was the

link that Susan and Billie were trying to make is that when you get specific to home health services where we need to continue to provide kind of a minimum level of services that might be distinguished a little bit from the general standards of what's happening in the State of Kentucky underneath the quarantine requirements.

So, that's just the one example I think that hits home where it's helpful to have our industry-specific guidance where you get those detailed questions. Anyway, appreciate the dialogue on this.

MS. DYER: Thank you all. That's the summary. I think that's what we're going for.

If we have no more discussion on Number 4, we will go ahead to Number 5 - communication with patients and recipients. Agencies would like to confirm that any important communication coming from DMS - and the example given here is EVV - is communicated directly to patients and confirming that while agencies will discuss and prepare their patients and clients for all changes, they do not have the responsibility of communicating DMS policy/program changes.

MS. SMITH: We did place the letter out there that case managers or providers could use in discussing with their participants, and we expect that if there are questions, that you all will either bring those to us, and we will be training them. There will be opportunities later for them to be trained. TELUS will be doing that training.

And, then, there will be a letter that goes out to them. We just have not done that yet. It will probably be - we're doing a kickoff on Monday. I think Evan is participating in that. And, then, there will be some notices of meetings starting.

And, so, there will be communication that goes out to the participants. We've also sent the email out to the large stakeholder email addresses. So, we do have some participants on that, but you all know they don't always - when they get the envelope that's got the horse on it or they see something that comes from the State, it's usually bad news and they don't open it.

So, we depend on you all who they trust and they see every day to help us to

deliver that message, too, and to make sure - have you seen that letter, give them a copy of what you have just because we know that we're not going to reach everybody by mail because they don't open the letters, but we will be communicating directly with the participants, too, and they will have training as well.

MS. DYER: The participants will have training?

MS. SMITH: Yes, the participants will. The participants and the PDS employees, yes, they will have those opportunities for training.

MS. DYER: So, that's in waiver, but it's also a skilled that there's----

MS. SMITH: For home health, it is Phase II, and I believe the target date is 2023 or 2022. I probably have it wrong. Our go-live date is 2021, 1/1/2021 and, then, they are in the subsequent phase.

MS. DYER: Okay. We're talking about home health aides and skilled care, that is not----

MS. SMITH: Home health, not through the traditional home health program. So, if

you're not billing it through the waiver, they are not in this first round. It is only the agencies that are billing those services through the waiver program that are in Phase I, that are in the first round.

MS. DYER: Okay. I would like a little clarification on what you said. I'm really glad to hear Evan is participating in that, and you mentioned large stakeholders. Can you clarify what you mean by large stakeholders, Pam? Who is that? What are you talking about there?

MS. SMITH: The initial group?

Ms. DYER: You said you reached out to large stakeholders to participate.

MS. SMITH: Have you all seen the survey? So, this initial group that's meeting on Monday we're looking at, so, Evan. We're looking at some of like - there's a representation from KAPT and from KARP and the FMA's have a representative.

MS. DYER: Okay. I understand.

MS. SMITH: Billie, did you all see the survey and the letter that went out and a reminder? I think Kelly sent out one reminder?

MS. DYER: We did the survey.

MS. SMITH: So, when you're

talking to your peers, that you will encourage them to fill out that survey if they haven't. It shouldn't take but just a few minutes. There's only a few questions on it but they're really some important questions. And it helps us to make sure that we're going to get the right person. It helps us make sure we have the right person to communicate with to make sure that we get the message, you know, that if we get anything with EVV, that it goes to the right person quickly as opposed to kind of having to filter through organizations.

MS. DYER: And that sounds like a really good mix from my view that you're hitting and including our Association's Executive Director. Thank you all for that. I just wanted to clarify what you were talking about.

Anybody got anything else? There may be other discussion about this.

MS. PURDON: Actually, that was my question and she answered it. Thank you very much.

MS. DYER: Okay. Does anybody have anything else about any of the agenda items? We have to stick to the agenda. We can't bring up anything else today. So, is there any other

discussion or clarification, questions about what we've discussed?

MS. STEWART: I would just like to say thank you for allowing us to have it via Zoom so that we can continue on our works.

MS. DYER: Yes. We really appreciate it very much because we want to continue good dialogue with all of you there that's on this Zoom call or those who were on and had to hop off. We understand that as well.

And I am wondering, I guess, Sharley, about the next meeting. I'm wondering if we should up these to monthly for a short period of time. I think that needs to maybe be at least considered.

We haven't talked about that as a group, but there's a whole lot that could happen between now and July 25th and I don't know if there could be, after this meeting, a discussion about when to meet again.

MS. HUGHES: You can do a special-called meeting if you need to. And as I said in an email that I sent out I think last month, we're probably going to be cancelling the TACs and MAC up until we're no longer social distancing

because we really don't have a meeting room that's going to suffice keeping everybody six feet apart.

MS. DYER: And we totally understand that.

MS. HUGHES: And from the instructions that I received from the Governor's Office when this all started that any regularly-scheduled meetings will have to be cancelled and the Zoom meetings would have to be a special-called meeting.

And if you all feel like you need to have a meeting next month, then, you can call a special-called meeting.

MS. DYER: Okay. We'll talk about that and get back with you. Thank you, Sharley. And, again, thank you all so much for doing this. We appreciate the help you're giving us. Thank you very much.

MEETING ADJOURNED